



Guest Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of credit card to be charged.

FAX COMPLETED FORM TO: 518-584-7430

Guest Name:	Guest Phone Number:
Confirmation Number:	Check-In Date:
Contact Name:	Contact Phone Number:

CARDHOLDER – Please complete the following section and sign/date below.

Cardholder Name as if Appears on Credit Card:				
Cardholder Billing Address:				
City:	State:	Zip:		
Daytime/Business Telephone:		Evening Telephone:		
Last 4 digits of the Credit Card Number (Please see note below):				
Credit Card Type:				
<input type="checkbox"/> Visa/Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> JCB	<input type="checkbox"/> Diners Club
Credit Card Issuing Bank Name:		Bank Phone Number (From back of your credit card):		
I agree to cover the following categories of charges:				
<input type="checkbox"/> All Charges	<input type="checkbox"/> Room & Tax	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Parking	<input type="checkbox"/> Incidentals
<input type="checkbox"/> Other (Specify): _____				
I agree to cover the above categories of charges up to the Maximum Amount of \$ _____				

Note: Charges for room and tax require an advance deposit or authorization of the card.

Please select one: Charge Card Immediately for Room & Tax

Charge Card upon Departure (Card will be authorized for \$10 upon receipt of this form for validation.)

If the last 4 digits of the card listed above match the card used to guarantee the room at the time of booking there will be no confirming call from the hotel.

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount". You further acknowledge that if "all charges" has been selected then all guest/group related charges (less deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____ **Date:** _____